

APPLICATION FOR SENIOR MEMBER ACTIVITIES

(This is an application only! Instructions for completion on back. Confirmation of acceptance is required.)

1. TITLE OF ACTIVITY (If applying for a position, include the position desired)		2. LOCATION OF ACTIVITY		3. DATES OF ACTIVITY	
4. LAST NAME, FIRSTNAME, MIDDLE INITIAL		5. CAP GRADE		6. CAP SERIAL NUMBER	
7. MEMBER'S ADDRESS (Number, Street, City, State, Zip)		8. TELEPHONE NUMBER (Include Area Code)			
		a. Work: _____ b. Home: _____			
		9. PREVIOUSLY ATTENDED THIS ACTIVITY? YES <input type="checkbox"/> NO <input type="checkbox"/> (If "Yes", state date attended)			
10. DATE AND METHOD OF LEVEL I COMPLETION			11. SPECIALTIES AND RATINGS COMPLETED		
			Specialty _____ Rating: _____		
12. DATE JOINED CAP		13. CAP DUTY ASSIGNMENT AND INCLUSIVE DATES			
14. CAP AERONAUTICAL RATING			11. SPECIALTIES AND RATINGS COMPLETED		
			a. _____		
			b. _____		
			c. _____		
			d. _____		
			e. _____		
15. CAP UNIT NAME		19. PREVIOUS TRAINING ACTIVITIES AND YEARS ATTENDED			
16. CHARTER NUMBER		17. WING		a. _____	
				b. _____	
18. Senior Program Awards*		c. _____			
a. _____		d. _____			
b. _____		e. _____			
c. _____		f. _____			
d. _____					
20. SCHOLASTIC ACHIEVEMENT			21. CIVILIAN OCCUPATION		
High School Graduate _____ Years _____					
College _____ Years _____ Post Graduate _____ Years _____					
22. OUTLINE PERSONAL AND PROFESSIONAL GOALS IN CAP					
23. MEDICAL INFORMATION					
24. REMARKS (Use reverse side or additional sheet if necessary)			25. APPLICANT'S SIGNATURE _____ DATE _____		
26. ACTION BY UNIT COMMANDER			27. UNIT COMMANDER'S SIGNATURE _____ DATE _____		
Recommend: Approval <input type="checkbox"/> Disapproval <input type="checkbox"/>					
28. REMARKS BY UNIT COMMANDER					
29. ACTION BY WING COMMANDER			30. WING COMMANDER'S SIGNATURE _____ DATE _____		
Recommend: Approval <input type="checkbox"/> Disapproval <input type="checkbox"/>					
31. REMARKS BY WING COMMANDER					
32. ACTION BY REGION COMMANDER			33. REGION COMMANDER'S SIGNATURE _____ DATE _____		
Recommend: Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> Region _____ Selection Number _____					
34. REMARKS BY REGION COMMANDER					

35. ADDITIONAL REMARKS

INSTRUCTIONS FOR COMPLETION OF CAP FORM 17

(See CAPR 50-17, CAP Senior Member Training Program, for additional information and instructions.)

1. APPLYING FOR ACTIVITIES

- a. For region level activities, unit commander verifies the information, makes recommendations, signs the application, retains a copy, and forwards the original to wing headquarters. Wing commander verifies application, makes recommendation, signs the application, retains a copy, and forwards the original to region headquarters for final approval by region commander.
- b. For national level activities, unit commander verifies the information, makes recommendations, signs the application, retains a copy, and forwards the original to wing headquarters. Wing commander verifies application, makes recommendation, signs the application, retains a copy, and forwards the original to region headquarters for action. Region commander makes recommendation, assigns selection number, signs the application, retains a copy, and forwards original to **HQ CAP/ETS**.

2. COMPLETING THE FORM:

- a. **Applicant:** (Complete Blocks 1-25 for all activities.)

Specific instructions:

Blocks 1-9 Self explanatory.

Block 10 Enter the month and year and method of Level I completion. (Example: Feb 92/Seminar or Mar 93/Mitchell Award)

Block 11 List each specialty and the highest rating completed in that specialty. (Example: Enter 213-2 for Emergency Services Officer - Senior Level, or enter 201-1 for Public Affairs - Technician Level.)

Block 18 List training awards only along with completion dates. (Example: Garber Award Aug 90.)

Block 19 List names and dates of training activities such as SAR exercises, SLS, ECI Course 13, RSC, ACSC, AWC, etc. Use Additional Remarks section above or add additional sheet if necessary.

Block 23 List physical handicaps or ailments for which the applicant will be taking medication during the activity or which might affect the applicant's level of participation in activities. Provide a list of medications taken regularly. Use additional sheet if necessary.

- b. **Unit Commander:** (Complete Blocks 26-28.)

Block 28 Remarks are intended for consideration by the wing and region commanders. Use Additional Remarks section or add additional sheet if necessary.

- c. **Wing Commander:** (Complete Blocks 29-31.)

Block 31 Remarks are intended for consideration by the region commander. Use Additional Remarks section or add additional sheet if necessary.

- d. **Region Commander:** (Complete Blocks 32-34.)

Block 34 Remarks are intended for consideration by National Headquarters. Use Additional Remarks section or add additional sheet if necessary.